of Dothan, political office)
If yes, title of office:

Do you hold any political office? (The Civil Service Act of Dothan and Alabama Law prohibits City employees from holding local, City

City of Dothan, Alabama MUNICIPAL COURT ADMINISTRATOR Supplemental Application Form

This form will be used to determine if you meet the basic qualifications as listed on the job description (see job description inside your employment or in-house application). Answer all questions as accurately as possible. Some questions request an explanation to support a "yes" answer. Your explanation should contain experience, education, etc., to show that you do possess whatever skill, knowledge or experience being addressed in the question. Employment and volunteer experiences used to answer any of the questions must be listed on your application.

If you use military experience to meet the experience requirements, do not give dates of your entire tour of duty. Rather, you should indicate on your employment application, the month and year you began performing these duties and the month and year you stopped. If you need additional space, attach additional sheets of paper to your application.

| 1. | Do you have a valid operator driver's license? (Please be prepared to present when you submit the application to the personnel department.) |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Yes No |
| 2. | Do you have a BS Degree in Public Administration or Business Administration? |
| | YesNo |
| 3. | Do you have at least two years responsible experience in Municipal Court operations or a law related field? |
| `. ; | Yes No |
| | If yes, list the employers where you gained this experience. Hardwick, Hause + Segrest Legal Services Corporation |
| 3. | Do you have supervisory experience? |
| | YesNo |
| | If yes, list employer(s) where you gained this experience and the length of time of supervisory experience for each employer: |
| | Name of Employer Legal Services Corporation Length of Time Supervisory Experience 10 years |
| 5. | Have you completed or are you currently enrolled in the Alabama Court Clerk/Magistrate Mandatory Certification program? YesNo |
| facts wi | that the information is accurate to the best of my knowledge and belief. I understand that misrepresentation or omission of ill be cause of cancellation of consideration for employment/promotion; or termination if employed. (2016) 15/03 Details of Artificiant |
| oigna | ure of Applicant (Date |

17. Have you reached your 18th Birthdate?

Yes X

No 🛘

If hired, can you furnish proof of age?

Yes

No □

MILITARY SERVICE

18. Have you ever served in the United States Military Service? Yes

No

If Yes, all police officer applicants must submit a copy of their DD FORM 214 at time of application: and/or if you are applying for other positions and you wish credit for applicable military service, or service connected disability, you must provide, at the time of application, a compete copy of your DD FORM 214(s) for all active duty entry and ending dates. For service connected disability you must also provide supporting documents. There will be no extension of this time limit.

| Co. Rd. 59, Midland Co | ty, Al 36350 | 5' 0 | |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------|
| If you did not graduate from high school, (or do not posse Name and address of school: | ess a GED certificate), indicate hi | ghest school grade co | ompleted: |
| | | | |
| 21. POST SE | CONDARY EDUCATION | | |
| NAME OF SCHOOL/TRAINING/COURSES (CITY, STATE, ZIP CODE) | COLLEGE MAJOR/ CHIEF SUBJECTS TRAINING, COURSES, ETC. | # OF CREDITS/HOURS COMPLETED. INDICATE SEMESTER OR QUARTER | DEGREE/ CERTIFICATE RECEIVED |
| Wallace Community College Othan, An 36303 | General Studies | Quarter 90 credits | None- Transferred LoTSUD |
| Dothan, AL 36303 | Business Administration | Quarter 201credit | Ls Lusiness Admin |
| Troy State University Dothan Ah 36303 | Paralegal | haus | Paralegal Certificati |
| | | | |

22. WORK EXPERIENCE

LIST MOST RECENT JOB FIRST. We will provide you with additional experience blocks if necessary. (NOTE: If you use military experience to meet the qualifications for the position you are applying for, month and year you began performing the qualifying duties, and month and year ended must be specified - not your entire tour of duty.) Applicants may also list volunteer experience that relate to the qualifications.

| 1) Name and address of employer (include Zip Code) | Dates employed (give month and Year) Average number of hours per week | | | | | |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Legal Services Corporation | From: 9/93 To Present 40 | | | | | |
| | Exact title of your job | | | | | |
| 1391 West Main Street | Evantin Constant | | | | | |
| Dothan, AL-36301 | Your reason for lowing or westing to leave | | | | | |
| Type of Business | Your reason for leaving or wanting to leave | | | | | |
| Work Area Code and Phone Number | Name of your immediate supervisor | | | | | |
| 334) 193-1932 | Ishmael Jaffree. | | | | | |
| | | | | | | |
| Description of primary duties and responsibilities. Supply VISIA | Description of primary duties and responsibilities Supervision of two support staff interviewing hiring | | | | | |
| exaluation of support statts submitting line sheets, resolute, very usitions for checks, | | | | | | |
| | le forclient trustactions & pety cash | | | | | |
| inventory organizing Monaging ofto | | | | | | |
| Court dates; Strathing legal Olivenyer | | | | | | |
| | alles; doing depositions by non-senranduc | | | | | |
| research cases on internet. U | Detection ampleted (site month and Year) I to a second to the second site of the second s | | | | | |
| 2) Name and address of employer (include Zip Code) | Dates employed (give month and Year) Average number of hours per week From: ///8#L To: 9/9 2 44 | | | | | |
| Legal Services Corporation | From: //84 To: 9/93 47 | | | | | |
| 1211 West Main Street | exact title of your job | | | | | |
| Dothan Ah 36301 | Legal Secretary | | | | | |
| Type of Business | Your reason for leaving or wanting to leave | | | | | |
| Poverty kaw hrm | Fromoted to Executive secretary | | | | | |
| Work Area Code and Phone Number | Name of your immediate supervisor | | | | | |
| 334 793-1932 | Ishmael Jaffree | | | | | |
| Description of primary duties and responsibilities: Tunika | letters, memos, legal documents; | | | | | |
| referring cases out to private ob | | | | | | |
| phone. | -) Control of the co | | | | | |
| ymo exect | | | | | | |
| | | | | | | |
| Other Duties: | | | | | | |
| | | | | | | |
| 3) Name and address of employer (include Zip Code) | Dates employed (give month and Year) Average number of hours per week | | | | | |
| Ramsay youth Services | From: 7/98 To: 3/99 10-15 | | | | | |
| 100 E. Cotton wood kd. | Exact title of your job | | | | | |
| | PPN Roambingist | | | | | |
| Dothan, AL 36301 | Your, reason for leaving or wanting to leave, | | | | | |
| Type of Business Chabilitation Center | No Isnaer needed part-time employment | | | | | |
| Work Area Code and Phone Number | Name of your immediate supervisor | | | | | |
| (334) 194-1313 | Tammu Crews | | | | | |
| | janny creus | | | | | |
| Description of primary duties and responsibilities: | | | | | | |
| Hisweved & directed calls, typing | re assisted visitors. | | | | | |
| , 0) | y <i>J</i> | | | | | |
| | - 1 - D - 20 - 1 - 1 - 1 | | | | | |
| This job was in addition | , to tall time job) | | | | | |
| Other Duties: | U | | | | | |

Please continue....

WORK EXPERIENCE CONTINUED

| Nancy Hurst/Nancy Faison 4) Name and address of employer (include Zip Code). Charter Words Behaverial Heals | • |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 4) Name and address of employer (include Zip Code) | Dates employed (give month and Year) Average number of hours per week |
| Charter Woods Behaverial Heals | Hu From: 1/95 To: 1/97 10-15 |
| 200 E. CoHonword Rd. | Exact title of your job |
| Dothan, An 36301 | PRV Keiedionist |
| Type of Business | Your reason for leaving or wanting to leave |
| Youth + Adult Drugt alcohol Treat | went Business Closed |
| Work Area Code and Phone Number | Name of your immediate supervisor |
| 334 794-1313 | lammy Creus |
| Description of primary duties and responsibilities: | Hurst/Nancy Faison |
| Answered + directed phone can | Ils: Apping! assisted visitors. |
| Part-time enjoyment (Other Duties: | in addition to full-time |
| the state of the s | |
| Nancy Hurst Name and address of employer (include Zip Code) | Dates employed (give month and Year) Average number of hours per week |
| IVIN KOP < | From: 10/92 To: 1/93 15-20 |
| Wiregrass Commons Mall | Exact title of your job |
| \ | Customer Service Rep. |
| Dollan, An 36303 | Your reason for leaving or wanting to leave |
| Type of Business | Was only for Christmas season |
| Work Area Code and Phone Number | Name of your immediate supervisor |
| 334 /311-1342 | Evelun Fowler |
| | |
| - i // III/O | (flurst) |
| Hysureved + directed shone call for shipping, vereived credit of | ls; wrapped gifts; prepared package |
| Other Duties: | |
| Nancy Hurst | In a second of the second of |
| 6) Name and address of employer (include Zip Code) | Dates employed (give month and Year) Average number of hours per week From: 5/82 To: // 824 DE |
| South Trust Bank 1315 West Main street | Exact title of your job |
| 1315 West Main street | |
| Dothan, An 3630 | Secvetary Teller (Part-time) Your reason for leaving or wanting to leave |
| Type of Business/ | Your reason for leaving or wanting to leave |
| Bank | Took full-time ist with legal service |
| Work Area Code and Phone Number | Name of your immediate supervisor |
| 334 793-0141 | Konnie Dwers |
| Description of primary duties and responsibilities: | (Hurst) |
| Hiswered & directed cools: Lit | pings opened new accounts: received |
| of dispersed cash to customers | |
| Other Duties: | |
| | |

MORE JOBS? PLEASE ASK THE RECEPTIONIST FOR ADDITIONAL EXPERIENCE FORMS.

WORK EXPERIENCE CONTINUED

| Nancy Hurst | |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| q | Dates employed (give month and Year) Average number of hours per week |
| Name and address of employer (include Zip Code) | 1 10 |
| Hardwick Hause & Segrest, Attorney: 212 North hena Street | Exact title of your job |
| Sothan An 36303 | Legal Secretary |
| Type of Business | Your reason for leaving or wanting to leave |
| haw Firm | Wanted to work only part-time |
| Work Area Code and Phone Number (334) 194-4144 | Name of your immediate supervisor Teve Segvest |
| Description of primary duties and responsibilities: | hurst) |
| Scheduled client appointments; typi filed legal documents with court; | |
| Other Duties: | |
| | <u> </u> |
| Nancy Hurst Name and address of employer (include Zip Code) | Dates employed (give month and Year) Average number of hours per week |
| First Alabama Bank, 3201 Ross Clark Circle | From: 2/77 To: 5/82 40 |
| 3201 Ross Clark Circle | Exact title of your job |
| Sothan, AL 363D1 | Marketing Secretary |
| Type of Business | Your reason for leaving or wanting to leave |
| Kank | Wanted to leave legal protession |
| Work Area Code and Phone Number | Name of your immediate supervisor |
| (334) 677-2400 | Sety Ellsworth |
| Description of primary duties and responsibilities: (Nancu | Anurst) |
| [Phintained schedule for Directory telephone: tryped letters; assisted luncheons; [Poordinated Teem of | of Marketing + Personnel; answered Lin marketing functions; arrange The Week "program. |
| Other Duties: | |
| | |
| 6) Name and address of employer (include Zip Code) | Dates employed (give month and Year) Average number of hours per week |
| | From: To: |
| | Exact title of your job |
| | |
| Type of Business | Your reason for leaving or wanting to leave |
| Work Area Code and Phone Number | Name of your immediate supervisor |
| () () () () () () () () () () | |
| Description of primary duties and responsibilities: | |
| | |
| | |
| | |
| | |
| Other Duties: | |
| | |

MORE JOBS? PLEASE ASK THE RECEPTIONIST FOR ADDITIONAL EXPERIENCE FORMS.

Confidential Subject to Protective Order

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